



# U.S. NAVAL HOSPITAL YOKOSUKA'S CoZAR POCKET GUIDE

**New and Improved with  
Culture of Safety Questions**

Version 2.0  
Apr. 2014

# The Consolidated Zone Assessment Report (CoZAR) Pocket Guide

The CoZAR Pocket Guide is a tool to assist leadership in common items of continuous improvement for patient and staff safety.

Who: **Department Head, Chief Petty Officer, and appropriate staff.**

What: Subjects are divided into **4 weekly sections** to make the process more manageable for a weekly focus.

When: **Weekly** or as OIC/Director designates.

Where: All spaces for each department and site.

Action: Correct on the Spot (COTS), educate staff, implement process change, submit DMLSS work or purchase request.

Notes: This pocket guide is only a quick reference and does not replace SOPs, policies, or standards. See the CoZAR Tool and Help for more information and points of contact. Environment of Care Committee, 17 Dec 2013

## **SCHEDULE:**

Week 1 (all staff)

- 1a. Housekeeping (each room)
- 1b. Training
- 1c. Security & Information (PHI/PII)

Week 2 (patient care staff & spaces)

- 2a. Patient Safety
- 2b. Supply Rooms (general/all)
- 2c. Infection Control & Medical Waste

Week 3 (patient care staff & spaces)

- 3a. Medical Equipment
- 3b. Medications
- 3c. Medical Gas

Week 4 (all staff & spaces)

- 4a. Staff Safety
  - 4b. Fire Safety
  - 4c. Hazardous Material & Environmental
5. Culture of Safety

## 1a. HOUSEKEEPING (each room)

- ° **Walls** are clean & in good condition.(cables/wire in molding/unused cables removed)
- ° **Furniture** is clean, safe, and good condition
- ° **Ceiling** is clean, lights work, ceiling tiles are not broken, stained, or dirty
- ° **Floor** is clean, intact, free of damage, no soiled carpet, cables are orderly and secured
- ° **Good Housekeeping** is evident for general cleanliness, high/low dust
- ° **Signage** is accurate and in good condition, controls are labeled to indicate use
- ° **Postings** in patient areas are current, professional and preferably on bulletin boards (use only flat top thumbtacks or staples on bulletin boards)
- ° **Utility Panels** and **fire extinguishers** are not blocked

## 1b. TRAINING

- ° All staff members have been orientated IAW Department Orientation Binder
- ° Department Orientation Binder is signed by current Department Head
- ° All staff members have a Training Record
- ° All Training Records include COMPLETED competency in section 3, including annual review when needed
- ° All Training Records include CURRENT HIPAA certificate
- ° All Training Records have been audited within the last 6 months

POC: Department Training Rep or Staff  
Education and Training Department

## 1c. SECURITY & INFORMATION

### Security

- Staff wear hospital identification badge
- Supply rooms & janitors closets are locked

### Information (PII/PHI/HIPAA)

- No unattended CAC in computer, or around
- No medical record unattended
- No unsecured PHI in exam room, or around
- No PII in trash cans, or around

## 2a. PATIENT SAFETY (all patients)

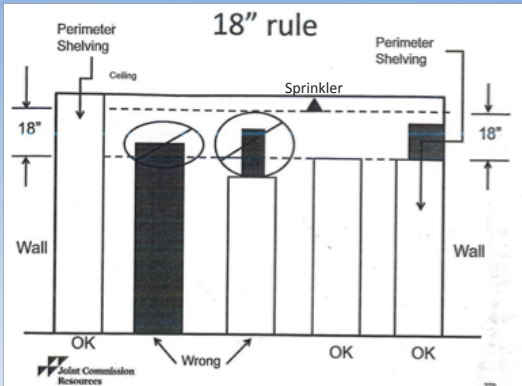
- **Emergency pull cords** Promptly (2 minutes or less) respond to emergency pull cord alerts (usually in a bathroom)
- **AED**
  - Visual indicator shows good battery
  - Pads are not expired
- **National Patient Safety Goals** applicable to their department?  
\*Be familiar with the goals as listed on your Hospital Badge

### REPORTING

- Does staff know about **Patient Safety Report (PSR)**? \* Post a Patient Safety Report for expired consumables and equipment in need of re-inspection
- **Safety Note** is used for non PSR items related to staff and facility safety

## 2b. SUPPLY ROOMS (general/all)

- ° **18 inch clearance** from sprinkler head to top of supplies (some exception along wall)



- ° Supplies **4 inches** off floor for cleaning
- ° **36 inch clear aisle**, access to power panel, and fire equipment



- ° Heavy supplies, liquids, and glass are stored on lower shelves
- ° Shelves/area labeling is clear and durable
- ° Items marked for DRMO are removed within 2 weeks
- ° Excessive medical equipment or supplies are relocated to a **storage room/area**

## **2b. SUPPLY ROOMS (sterile and clean)**

- ° No expired sterile and other Supplies
  - ° Date is clearly identified
- ° Sterile items stored above non-sterile items
- ° No corrugated boxes in supply rooms

## 2c. INFECTION CONTROL

- Wall & desk hand sanitizers not expired (internal bags and bottles have readily visible label with permanent marker, MMM/YY)
- Do staff know how long to use Sklar for low level disinfection? ( 3 minutes)
- Privacy curtains clean and tagged with annual laundering due date (MMM/YY) (use patient ID band on upper left corner)
- Toys and furniture clean and disinfected in waiting area and exam rooms (Specified on a daily check off list)
- Patient food refrigerators/freezers clean with no intermingling with medications, immunizations, specimens etc., and logbook documents twice a week check
- Any items stored under sinks do not absorb water nor used for patient care

## 2c. MEDICAL WASTE

- ° Waste is separated at point of origin (**red**, **blue** and clear bag)

### **RED**

- ° Bio waste is in red bag / container has cover
- ° Sharps containers
  - ° < ¾ full & no odor, ¾ full - replace
  - ° Secured
  - ° Readily available
- ° Biohazard symbol and bi-lingual label is on medical waste containers

**BIOHAZARD**  **感染性廃棄物**

- ° White pails that are full have secured lid (NHYOKO, Atsugi, Negishi and Camp Fuji)

### **BLUE**

- ° Non-infectious medical waste is in blue bags (NHYOKO, Atsugi and Iwakuni)

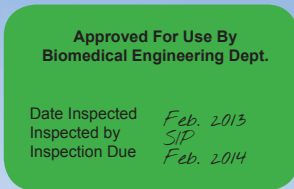
### **CLEAR**

- ° Regular trash is in clear bags

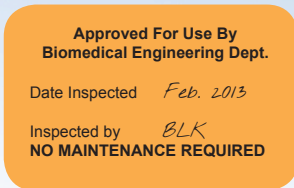
\*Per local prefecture, non-listed commands use only red bags

### 3a. MEDICAL EQUIPMENT

- ° Does all medical/dental equipment have a green, orange and/or red sticker/tag
- ° **Green sticker** date is on equipment and not overdue (month after inspection due date)



- ° **Orange sticker** is on equipment that does not have green sticker



- **Red Defective Equipment Tag** placed on defective equipment or when green sticker is expired



(Partial tag shown,  
Supply Rep  
has tags, instructions  
on back side of tag)

### 3b. MEDICATIONS

- Medications are **not expired**
- **Multi-dose medication vials** labeled and dated
- **Refrigerator** temperature logged twice daily (anytime out of range - document action and reassess)
- **Needles, narcotics and anesthesia** machines secured

Equipment

Medications

### 3c. MEDICAL GAS

- ° Wall shutoff valve location is known and readily accessible
  - ° Shutoff procedures known
  - ° Do staff know who authorizes shutoff? (per dept policy, i.e., charge nurse)
- ° Cylinders are secured with caps on
  - ° Empty and full cylinders are separated.
  - ° Oxygen cylinders have tags that identify if they are FULL/IN USE/EMPTY
  - ° Gases are separated

## 4a. STAFF SAFETY

- There are no **slip, trip and fall hazards**
- **Personal Protective Equipment** is readily available, clean, and in good condition
- **Eyewash** has clear 36 inch access
- **Eyewash has weekly flush test** logged with initials, MM/DD, and pass/fail  
(note: flush until water is clear, report deficiencies for repair)
- **Electrical Safety:** extension cords not used for refrigerator, microwave, coffee pot, or heating appliances
- Does staff know about the **Safety Note** on the intranet? It is used to submit improvement ideas, report recreational and off-duty mishaps, and report safety concerns

## 4b. FIRE SAFETY

- ° Does staff know how to **respond to a fire**?

**RACE (Rescue, Alarm, Contain, Evacuate)**

- ° Does staff know where the nearest **fire extinguisher** is and how to use it?

**PASS (Pull pin, Aim nozzle, Squeeze handle, Sweep nozzle)**

- ° **Monthly inspection of Fire Extinguisher** - seal not broken and **tag initialed/dated DD/MM/YY**

(Hint: can be anytime during the month)

- ° **Corridors** are unobstructed. Temporary items not left in corridor over 30 minutes  
(note: crash and latex cart OK)

- ° **Doors** fully open and close, without sticking



## 4c. HAZARDOUS MATERIAL & WASTE

- ° Know location of Safety Data Sheet (SDS), and Authorized Use List (AUL)
- ° Containers are labeled clearly with manufacturer's label
- ° Containers in good condition and covered
- ° Department with hazardous material lockers know spill kit location
- ° Excess or expired hazardous materials are turned in to Materials Management

## 4d. ENVIRONMENTAL

- ° **Recycle** white paper and batteries; procedures are known
- ° **Conserve energy.** Secure electrical when not in use
- ° **Conserve water.** Plumbing handles/fixtures operate appropriately

Fire

Hazmat

Environmental

## 5. Culture of Safety

### Culture of Safety Questions

1. Do you feel like your mistakes are held against you?
2. When an event is reported, it feels like the person is being written up, not the problem.
3. Do you worry that mistakes you make are kept in your personnel file?
4. Do you freely speak up if you see something that may negatively affect patient care?
5. Do you feel free to question the decisions or actions of those with more authority?
6. Are you afraid to ask a question when something does not seem right?

## Culture of Safety Questions Continued

7. Does your team use the TeamSTEPPs protocol EVERYDAY? (Huddle/Debrief)
8. Are the huddles and debriefs a two way discussion or more just SABR informational?
9. What is the level of Collaboration and Communication achieved in your work area?
10. What do you think are barriers to a Culture of Safety at NH Yokosuka?
11. Does your department use the “two challenge rule”?
12. Discuss the CUS and DESC script techniques as used in your department.

# Team Events

## Planning

- ° Brief - Short session prior to start to discuss team formation; assign essential roles; establish expectations and climate; anticipate outcomes and likely contingencies

## Problem Solving

- ° Huddle - Ad hoc planning to reestablish situation awareness; reinforcing plans already in place; and assessing the need to adjust the plan

## Process Improvement

- ° Debrief - Informal information exchange session designed to improve team performance and effectiveness; after action review

## Two-Challenge Rule

When an initial assertion is ignored:

- ° It is your responsibility to assertively voice concern at least *two times* to ensure it has been heard
- ° The member being challenged must acknowledge
- ° If the outcome is still not acceptable:

Take a stronger course of action

Utilize supervisor or chain of command

## CUS

I am

C

ONCERNED!

I am

U

NCOMFORTABLE!

This is a

S

AFETY ISSUE!

“Stop the Line”

## DESC Script

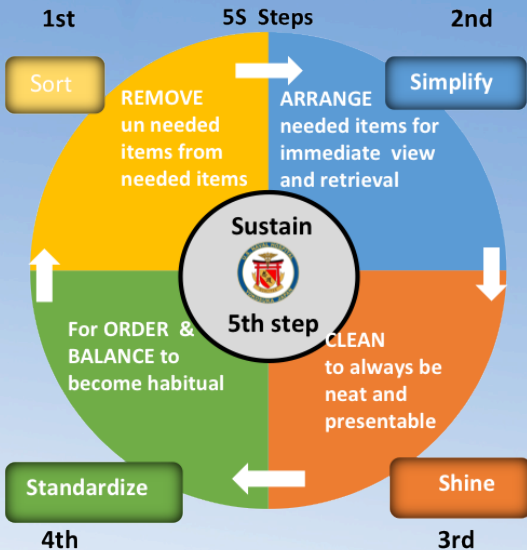
A constructive approach for managing and resolving conflict.

**D** - Describe the specific situation or behavior; provide concrete data

**E** - Express how the situation makes you feel/ what your concerns are

**S** - Suggest other alternatives and seek agreement

**C** - Consequences should be stated in terms of impact on established team goals; strive for consensus



Note: The 5S strategy is a lean method that provides fundamental principles for continuous process improvement used in the CoZAR Pocket Guide. Staff knowledge and use of 5S is one of three key elements of our Voluntary Protection Programs (VPP) Excellence in Safety sustainment.

